

PROGRAM SIMPLIFICATION WORKGROUP MINUTES

January 10, 2003
Room 225 NW, State Capitol

Attendees:

Jonathon Bader, WISCAP
Dick Buschmann, Ad Hoc
Alesia Daniel, MilwaukeeCo.
Monica Daniely, UMOS
Brian Fangmeier, DHCF/QC
Jon Janowski, MHTF
John LaPhillip, DHCF/BHCE
Mike McKenzie, DHCF/BHCE

Carol Medaris, WCCF
Amy Mendel-Clemens, DHCF/BEPI
Sara Pynenberg, DHCF/BEPI
Marilyn Rudd, DHCF/BEM
Sara Shackleton, Dane Co.
Alan Sweet, DWD/OCC
Jayne Wanless, DHCF/BEPI
Rick Zynda, DHCF/BEM

Teleconference:

Deb Lyons, Green Lake Co.

The Program Simplification workgroup has been restructured, due in part to the transfer of the Food Stamp Program to DHFS, and the subsequent reorganization of the Food Stamp and Medicaid programs, and staff roles and responsibilities within two “new” bureaus. The committee will be tri-chaired by Mike McKenzie, FS Policy Section Chief, Scott Riedasch, Medicaid Policy & Planning Section Chief, and Sheryl Siegl, Winnebago County DHS Manager.

Joanne Faber resigned her co-chair position, which was the result of the increased workload her agency is experiencing, due in part to recent staff turnover. She wishes the ongoing committee well, saying, “It is an exciting time with great opportunities...to make change”.

Joanne encourages the committee to “explore a waiver for WI which would allow us to experiment with an income range for benefits using the broadest allowable increment – ex: income between \$200 & \$300 for a HH size of 3 would receive X amount of FS. This should be an error reduction cost saving. As I remember the average issuance error amount was under \$20; increasing the range should eliminate some of the errors.”

Note: Per Rick, when the national APHSA committee worked on reauthorization, i.e. the Farm Bill, they proposed this alternative to allow program simplification, workload and error reduction. Unfortunately, the budget impacts prohibited this option.

We wish Joanne well and hope that in the future she may be able to rejoin our workgroup.

A number of questions had been raised in the December meeting and were tabled until the January meeting. FS policy staff had an opportunity to review those questions, and Sara Pynenberg led the discussion.

Question number ten seemed to generate the most discussion - “Transitional benefit option...where those who leave the TANF cash benefit program can continue receiving FS benefits for 5 months, without budgeting their new source of income. The group wondered if FS customers could choose between transitional benefits or the standard eligibility determination? The answer - the group could choose whichever allows for a higher benefit allotment.”

The Program Simplification workgroup recommended that the Department take the opportunity to implement the transitional benefit option. The eligible population is fairly small, but this new policy would bring a positive change for clients, and it would also benefit QC.

Change Reporting Options

- The next agenda item was a discussion of the pros and cons of the “Change Reporting” options. Sara Pynenberg and Mike McKenzie facilitated the discussion.

➤ Monthly Reporting:

- Dick Buschmann recommended that we forego any further discussion of the Monthly Reporting process (MRFs). This process brings a workload increase for the local agencies, a greater reporting burden for clients, and Medicaid’s inability to do retrospective budgeting, makes alignment impossible. Dick moved that we exclude this as a discussion item and move on to the next option.

The workgroup agreed.

➤ Quarterly Reporting:

Overview:

- Households required to submit quarterly change reports with verification of reported changes
 - The household would have no other change reporting requirement between quarterly reports
 - Agencies would still be required to act on all reported changes
 - Twelve month certification periods possible
 - Certain households cannot be required to report quarterly including:
 - Households that include migrant or seasonal farm workers,
 - Households where all members are homeless,
 - Households without earnings where all members are elderly or disabled
 - Waiver needed
 - Household circumstances may be considered retrospectively or prospectively
 - Information in the quarterly report month or all 3 months can be used
- Pros
 1. There is no change reporting between the three-month periods.
 2. Benefits are frozen.
 3. Cases would be looked at more often, more client contact, thereby reducing errors.
 4. From the perspective of USDA-FNS, a benefit freeze could help reduce errors.
 5. If this reporting would remain for earned income only, it shouldn’t increase workload.
 - Cons
 1. The list of items to be reported increases the possibility of both worker and client errors.
 2. This doesn’t align FS with the other programs of assistance.

3. More onerous for clients, confusion about what to report for which programs.
4. Increases the workload, there will be more cases opening & closing,
5. Most significant changes to CARES
6. If Medicaid aligns with this Change Reporting period, it will increase the administrative costs for running the Medicaid program.

- Considerations

Could other programs align with this policy?

➤ **Semi-Annual Reporting**

Overview:

- Households required to submit semi-annual change reports with verification of reported changes
- Twelve month certification periods possible
- Households required to report income exceeding the gross income limit between reporting periods (>130% FPL)
- Waiver necessary to allow action on all reported changes
- Certain households cannot be required to report semi-annually including:
 - Households that include migrant or seasonal farm workers,
 - Households where all members are homeless,
 - Households without earnings where all members are elderly or disabled
- FNS discourages semi-annual reporting for households that include an ABAWD due to hourly change reporting requirement and time-limits
- Would require significant CARES programming changes
- Would require a significant training effort

- Pros

1. A twelve-month certification period aligns with Medicaid.
2. FNS is advocating for WI to choose this option.
3. If a QC reviewer found a discrepancy in income which did not exceed the 130% FPL, it would not be called an error.
4. This process significantly reduces the burden to clients.
5. Eliminating six-month certifications would reduce local agency workload.
6. There would be only 5 –6 elements to review, which would reduce agency errors.

- Cons

1. Customers might find it difficult calculating if their income was over 130% FPL.

2. Significant training would need to occur, particularly if other programs could not be aligned.
 3. A waiver allowing action on all reported changes would avoid significant CARES programming changes.
 4. If a QC error is called, it could mean that benefits were calculated in error for the entire 6-month period. This would then result in large dollar over or under-issuance of benefits to clients.
- Considerations
 1. Medicaid is already looking at preprinted forms for client reviews.
 2. The Semi-Annual Change Reporting could be implemented without the waiver; in fact, there might be less liability. However, significant changes in CARES processing would be required to truly “freeze” the FS benefit, unless an accumulation of reported changes resulted in an increase in the FS benefit during that six-month period.
 3. It would be possible to reduce change reporting requirements and keep six-month certifications (Ohio).

➤ **130% FPL Waiver Idea**

Overview:

A waiver could be requested to require clients to only report changes in income if the total household income would exceed 130% of the FPL for the household. The waiver would replace the status reporting and \$100 child support income reporting waivers currently in place. There would be no other changes in the FS change reporting requirements, and 6 or 12 month FS certification periods would continue to be required.

- Households required to report certain changes within 10 days including changes in:
 1. Total household income exceeding 130% of FPL for household size
 2. Residence and resulting changes in shelter/utility expenses
 3. Household composition
 4. Increase in assets, when these changes cause assets to exceed the asset limit
 5. Obligation to pay child support
 - Would not require CARES programming changes
 - Would not require extensive training effort

As the meeting came to a close, the workgroup touched briefly on the 130% FPL option.

- Pros
 1. This could be implemented quite quickly and become a first step toward semi-annual reporting. That would allow time for CARES changes and begin the learning curve process for workers and clients.
 2. This waiver would be a significant error reducer.

- Cons

1. A single change, not phases, produces far fewer errors for workers. It is during policy transition stages that agencies find high error rates.

- Considerations

1. We would have to check with the other program areas regarding policy alignment.

➤ **Status Quo (Status Reporting/\$100 CS Waivers)**

Overview:

- Households required to report certain changes within 10 days including changes in:
- Employment status (part-time to full-time or full-time to part-time)
- Wage rate of pay or salary
- Gross monthly unearned income of more than \$25 or changes of more than \$100 in child support income
- Source of income
- Residence and resulting changes in shelter/utility expenses
- Household composition
- Increase in assets, when these changes cause assets to exceed the asset limit
- Obligation to pay child support
- Would not require CARES programming changes
- Would not require extensive training effort

Note: The following “Pros” for continuing the Status Quo were recommended by Joanne Faber, Washington Co.

Pros

1. Change, in itself, causes errors.
2. Clients and workers are now familiar with the current system.
3. With increasing caseloads and high staff turnover in the Es area, another change should be carefully considered before being implemented.
4. There may be other options in the Farm Bill that we want to implement that could be done with less CARES programming and training.

- Cons

The workgroup was not able to complete a discussion of all of the Change Reporting options. There were two remaining options - Status Quo and the 130% FPL Waiver. The hope is that we will be able to go through all of the options, and, after the February 13th meeting, make a recommendation to management.

Mike handed out the most recent “draft” organizational charts for the food stamp and Medicaid units. There was no opportunity to discuss them, but the organization, and its impacts, will be an

agenda item for the February meeting. (Copies will be handed out again, at the February meeting.)

Next meeting for the workgroup -

- Thursday, February 13th at GEF III, room 349.

Announcement –

Our newest FS policy analyst and Program Simplification committee member, Jayne Wanless, and her husband Joe, have just become the proud parents of a son. James Joseph was born on Sunday, January 19th. Congratulations to Jayne and Joe!